

Dkt. No. TAN-285**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitledA MODEL FOR TRAINING OF SURGICAL OPERATION OF CATARACT

_____, the specification of which:

(check one) ☒ is attached hereto ☐ was filed on _____ asApplication Serial No. _____ and was amended on _____ (*if applicable*).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed
<u>2000-167371</u>	<u>Japan</u>	<u>05/06/00</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(FILED D/M/Y)	YES NO
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(FILED D/M/Y)	YES NO
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(FILED D/M/Y)	YES NO
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(FILED D/M/Y)	YES NO
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(FILED D/M/Y)	YES NO
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(FILED D/M/Y)	YES NO
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(FILED D/M/Y)	YES NO

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (APPLICATION SERIAL NO.)	_____ (FILING DATE)	_____ (STATUS)
_____ (APPLICATION SERIAL NO.)	_____ (FILING DATE)	_____ (STATUS)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Leonard W. Sherman	Reg. No. 19,636	Alan Holler	Reg. No. 29,266
Edwin A. Shalloway	Reg. No. 19,967	Karl Hoback	Reg. No. 23,026
Richard A. Steinberg	Reg. No. 26,588	Robert L. Haines	Reg. No. 35,533
Perry Carvellas	Reg. No. 19,637		

SEND CORRESPONDENCE TO:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor	Hideki	Umeyama
	GIVEN NAME	MIDDLE NAME
Inventor's signature	<u>梅山 秀 雄</u>	
Date of signature	<u>April 2, 2001</u>	
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Full name of second inventor	Naomi	Nakaki
	GIVEN NAME	MIDDLE NAME
Inventor's signature	<u>中 木 直 美</u>	
Date of signature	<u>April 3, 2001</u>	
Residence	Ikoma-shi	Japan
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Citizenship	<u>Japanese</u>	
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	<u>Nara-ken, Japan</u>	
Full name of third inventor		
	GIVEN NAME	MIDDLE NAME
Inventor's signature		
Date of signature		
Residence		
	CITY	STATE OR PROVINCE
	COUNTRY	
Citizenship		
Post Office Address (insert complete mailing address, including country)		

☐ ADDITIONAL INVENTORS ARE BEING NAMED ON SEPARATELY NUMBERED SHEETS ATTACHED HERETO

Applicant or Patentee: Hideki UMEYAMA, et al. Attorney's
Serial or Patent No.: Unassigned Docket No.: TAN-285
Filed or Issued: Concurrently
For: A MODEL FOR TRAINING OF SURGICAL OPERATION OF CATARACT

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27(b)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under 35 U.S.C. §41(a) and (b), to the Patent and Trademark Office with regard to the invention described in

- ☒ the specification filed herewith as identified above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern, or organization
☐ persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME Hideki Umeyama
ADDRESS 2-2-10-403, Nogakiuchi-machi, Yamato-koriyama-shi, Nara-ken, Japan
☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME Nomi Nakaki
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☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
<u>Hideki Umeyama</u>	<u>Naomi Nakaki</u>	
Signature of Inventor	Signature of Inventor	Signature of Inventor
<u>梅山秀樹</u>	<u>中木直美</u>	
Date <u>April 2, 2001</u>	Date <u>April 3, 2001</u>	Date